

Child's Name: _____

Date: _____

Section 5. SUMMARY OF FAMILY CONCERNS, PRIORITIES AND RESOURCES TO ENHANCE THE DEVELOPMENT OF THEIR CHILD

Family declined consent to complete an assessment of family concerns, priorities and resources: Yes No (If "yes" leave this section blank, If "no" this section must be completed.)

I have questions about or want help for my child in the following areas:

- ☐ Moving around (crawling, scooting, rolling, walking)
- ☐ Ability to maintain positions for play
- ☐ Talking and listening
- ☐ Thinking, learning, playing with toys
- ☐ Feeding, eating, nutrition
- ☐ Having fun with other children; getting along
- ☐ Behaviors and feelings
- ☐ Toileting; getting dressed; bedtime; other daily routines
- ☐ Helping my child calm down, quiet down
- ☐ Pain or discomfort
- ☐ Special health care needs
- ☐ Seeing or hearing
- ☐ Other: _____

I would like to share the following concerns and priorities for myself, other family members, or my child:

- ☐ Finding or working with doctors or other specialists
- ☐ How different services work or how they could work better for my family
- ☐ Planning for the future; what to expect
- ☐ Parenting skills
- ☐ People who can help me at home or care for my child so I/we can have a break; respite or child care
- ☐ Housing, clothing, jobs, food, or telephone
- ☐ Information on my child's special needs, and what it means
- ☐ Ideas for brothers, sisters, friends, extended family
- ☐ Money for extra costs of my child's special needs
- ☐ Linking with a parent network to meet other families or share information
- ☐ Other: _____

FAMILY'S CONCERNS ABOUT THEIR CHILD

PRIORITIES OF THE FAMILY (Select from items checked to the left)

STRENGTHS, RESOURCES THAT OUR FAMILY HAS TO MEET OUR CHILD'S NEEDS